

FLORIDA

MAIL-IN VOTER REGISTRATION APPLICATION

Shaded Areas Not Required

You can use this form to: • register to vote • report that your name or address has changed • register with a party Please print in blue or black ink				This space is for official use only.			
1	Mr. Mrs. Miss. Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV		
2	Address (see instructions) — Street (or route and box number)		Apt., or Lot #	City/Town	State		
3	Address Where You Get Your Mail If Different From Above (see instructions)			City/Town	State		
4	Date of Birth ____/____/____ Month Day Year		5	Telephone Number (optional)			
6	ID Number (see item 6 in the instructions for your State)						
7	Choice of Party (see Item 7 in the instructions for your State)						
8	Race or Ethnic Group (see item 8 in the instructions for your State)						
9	I swear/affirm that: • I am a United States citizen • I meet the eligibility requirements of my state and subscribe to any oath required. (See item 9 in the instructions for your state before you sign.) • The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine or imprisonment or both under Federal or State laws.				Please sign full name (or put mark) ↓ <div style="border-bottom: 1px solid black; width: 100%;"></div> Date: ____/____/____ Month Day Year		
10	If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).						

Please fill out the sections below if they apply to you. Fold here

If this application is for a **change of name**, what was your name before you changed it?

A	Mr. Mrs. Miss. Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
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If you were **registered before** but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

B	Street (or route and box number)	Apt, or Lot #	City/Town	State	Zip Code
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If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C	• Write in the names of the crossroads (or streets) nearest to where you live. • Draw an X to show where you live. • Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.	NORTH ↑						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Example</td> <td style="width: 5%; text-align: center; vertical-align: middle;">Route #</td> <td style="width: 65%; padding: 5px;">*Grocery Store</td> </tr> <tr> <td style="padding: 5px;">Public School*</td> <td style="text-align: center; vertical-align: middle;">X</td> <td style="padding: 5px;">Woodchuck Road</td> </tr> </table>	Example	Route #	*Grocery Store	Public School*	X	Woodchuck Road	
Example	Route #	*Grocery Store						
Public School*	X	Woodchuck Road						

DD Form 2644, NOV 94

Complete all Items 1 through 10 that are **not** shaded. **Sign and date** the form.

Item 2: If this is the first time you are registering from this address, print the address where you were registered before in Item B. Do not use a post office box or rural route without a box number.

Item 3: Complete this item only if your mail address is different than Item 2.

Item 6: Print your write Social Security Number. The disclosure of your social security number is voluntary. Although your social security number will only be used for registration purposes, it will be open to public inspection.

Item 7: You must write the name of your political party choice if you want to vote in the primary election, caucus or convention.

Item 8: List the choice that best describes your race or ethnic group: American Indian *or* Alaskan Native; Asian or Pacific Islander *not* Native Hawaiian; Black, *not* of Hispanic Origin; Hispanic; Multi-racial; Native Hawaiian; White, *not* of Hispanic Origin, other.

Item 9: State Requirements:

- be a citizen of the United States

- be a legal resident of both the State of Florida and of the county in which you seek to be registered
- be 18 years old (you may pre-register if you are 17)
- not now be adjudicated mentally incapacitated with respect to voting in Florida or any other State
- not have been convicted of a felony without your civil rights having been restored pursuant to law
- not claim the right to vote in another county or state
- swear or affirm the following:

“I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that I am a citizen of the United States and a legal resident of Florida”

In addition, if this form is used for:

A. NAME CHANGE: Complete Item A.

B. ADDRESS CHANGE: Complete Item B.

C. VOTING RESIDENCE PHYSICAL DESCRIPTION:

Complete Item C if it is needed to clarify the physical location of voting residence (legal).

A. WHAT TO DO

- (1) Provide the *Mail-In Voter Registration Application*, DD 2644 and *Voter Registration Information*, DD 2645, to prospective enlistee.
- (2) Assist eligible citizens in completing the *Mail-In Voter Registration Application*, DD 2644, unless the eligible citizen refuses assistance.
- (3) Send the completed *Mail-In Voter Registration Application*, DD 2644, to the address in the “Where To Send It” listed below.

B. WHEN TO SEND IT

A completed *Mail-In Voter Registration Application*, DD 2644, must be sent no later than 5 days after the day of acceptance. Refer to Appendix E for state registration deadlines.

C. WHERE TO SEND IT**Mail To:**

State of Florida, Department of State
Division of Elections
Capitol Building, Room 1801
Tallahassee, FL 32399-0250

D. RECORDS REQUIRED

Recruiters must collect and maintain the following information in accordance with procedures established by respective recruiting commands.

Total number of “persons” that include the following:

- (a) Total persons assisted for recruiting services.
- (b) Total persons assisted for Voter Registration Applications.
- (c) Total *Mail-In Voter Registration Application* forms, DD 2644, completed.
- (d) Total *Voter Registration Information* forms, DD 2645, completed. This form must be retained for 24 months.

E. QUESTIONS AND ASSISTANCE

In the event assistance from the next higher command is not available, the Federal Voting Assistance Program can be reached at 800 438-VOTE or 800 438-8683.